SUMMARY AND CONCLUSION
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Though human life begins with the stage of conception, there are several antecedent and sequential factors from both endogenous and exogenous sources that affect the growth and decay of infant and children at several stages of their development. The life process is affected through preconception stages ecology culture, family and marriage subsequently through parents, conception, pregnancy, perinatal and postnatal care. Infant and child rearing practices interventions and several other development. Apart from these factors, on a concurrent basis, morbidity, natural calamity and accident either directly or through the preceding list of factors after life. Each of these critical factors and progressive stages in life have several specific variables that may affect human development.

The infant mortality rate (IMR) is considered to be a sensitive indicator of not only the health status of population but also the level of human development in the context of education, economic conditions, nutrition etc. In India in recent times there has been an acceleration in the pace of decline in the infant mortality rate after a period of stagnation.

Study of child mortality did gain its momentum all over the world after the celebration of the International year of child in 1979 by the United Nations. Since then quite a large number of studies on mortality in general and infant and child mortality in particular have been undertaken. The main objectives of the study are to understand the general features among the Kol to find out the causes of infant
and child mortality among the Kol, to find out the bearing of life
affecting variables on infant and child mortality.

The data for the present study have been collected among the
Kol of Satna district of Madhya Pradesh. The present investigation
based on interviews of 444 mothers. To find out the bearing of life
affecting variable on infant and child mortality emphasis was given on
causes of death, environmental variable, ecological variables, cultural
variables, family variables, marital variables, parental variables,
conception and pregnancy variables, peri-natal variables, norms on
child care and socialization and intervention variables respectively.
The present study is divided into three parts viz.: Demographic profile,
Reproductive performance and child mortality and Life affecting
variables in relation to infant and child mortality.

To sum up the observation on demographic variables, it may
be concluded that:–

1. High sex ratio found in 0-4 years age groups and low sex ratio in
   45-49 years age groups member.
2. The maximum number of the Kol family belong to nuclear
   families.
3. The maximum number of the Kol families belongs to medium size
   (4-6 members) families.
4. Most of the Kol male and females are illiterate.
5. The Kol husband and wives mainly engaged in daily labour.
6. Most of the Kol family fall in the category of medium income
group (Rs 1001-1499 per month), which indicates that there
economic condition, is not good.
12. The index of selection intensity observed according to Crow's is 0.6887.

13. The index of selection intensity observed according to Johnston and Kensingar's is 0.7495.

**To sum up the main observation on life affecting variable in relation to infant and child mortality, it may be concluded that:**

1. Infant and child mortality occurred in lower frequency among the families who do not defecate adjoining their house.

2. Infant and child mortality both are low among the families, where no water stagnation is found nearer their house. Incidence of both infant and child mortality are lower among the families who always cover their drinking eater vessel.

3. Infant and child mortality are low among the families who use hand pumps water for drinking purpose.

4. Both infant and child mortality are inversely related with quality of house.

5. Infant mortality is lower in the family than large family.

6. Infant and child mortality both occurred in low frequency among the families with good ventilation.

7. Infant mortality is recorded to be higher among the male babies than that of female babies.

8. Infant and child mortality both are found to be higher among the families with lower number of members.

9. Both infant and child mortality decrease with increases in family income.

10. Infant mortality is higher in lower and higher age cohorts.
7. Child dependency ratio among them is 51.20, suggesting a high rate of fertility in the population. Young dependency ratios are found to be 109.8, while total dependence ratio is 110.08. This indicates a high frequency of young individual in the study population.

8. Most of the Kol girls marry at 14 years age (30.92 percent).

9. It appears that maximum number of marriages occurred within a distance of 11-30Km. (30.85).

To sum up the main observation on reproductive performance and mortality, it may be concluded that:

1. The average live birth among the Kol found to be 4.24 percent.

2. The mortality of all live born children for mothers of all age is 25.57 percent.

3. The infant mortality is strikingly high (13.77 percent) among the study population.

4. The highest percent of infant deaths occurred due to fever (26.64) and lowest occurred due to prematurity (2.70 percent).

5. The percent of child mortality is 8.82 among the Kol.

6. The highest percent of child deaths occurred due to fever (23.49) and lowest due to prematurity (1.80).

7. The percent of pregnancy wastage calculated to be 5.59 among them.

8. The highest percent of prenatal mortality is 11.70.

9. The index of fertility (If) is 0.1223.

10. The index of child mortality (Im) is 0.5047.

11. The index of embryonic mortality (Ime) is 0.0360.
24. Infant mortality comparatively higher among the mother's who married at an early age.

25. Child mortality is strikingly lower in the families where no-neglect and abuse of child is noticed.

26. Child mortality is considerably lower among the children who received supplementary diet in time.

27. Child mortality is lower among the families where the members have good sense of personal hygiene.

28. From the results of bivariate analysis it appears that almost all the factors maintain statistically significant correlation with infant mortality as well as child mortality.

29. Life affecting variables account for 25 percent of the variance in case of infant mortality and 23 percent of the variance in case of child mortality.

30. Results of Path analysis the total effect of mother's education mothers age at marriage and economic status of family on infant mortality is positive (0.6779), both it is negative (-.3311) in case of child mortality.

**In view of the above results it can be stated that:**

Among the Kol the level of socio-economic development is found to be relatively low characterizing with high level of illiteracy and poor occupational status. These have been resulted in high level of infant mortality among the study population. Rate of infant mortality is found to be 139 per 1000 live births, among them. This is higher than Madhya Pradesh state level data (104 per 1000 live births) and much higher than national level (70 per 1000 live births).
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Infant and child mortality both occurred in low frequency among these Kol families, which are well ventilated and electrified. Both this mortalities are lower among the families who do not defecate adjoining their house. Side by side these mortalities are lower among the families who use hand pump water or drinking purpose. In the present study, infant mortality occurred in higher frequency among male babies than that of the female babies. Both infant and child mortality decrease among the Kol families with increase in house hold income. Mother's who married and gave birth at an early age experienced higher infant mortality. Side by side the mother's who opted for regular medical checkup tetanus toxoid injection before delivery show lower frequency of infant mortality. The Kol families, which are nearer to the public health center, experienced lower level of infant mortality. The families who have acceptability of medical facilities also experienced lower infant and child deaths. The parents who opted family Planning methods have had lower infant deaths. Mothers education reduces both infant and child mortality. Side by side, child mortality is strikingly lower in the Kol families, where no neglect and abuse of child is noticed. When the Kol mother's are distributed in experimental and control group it appears that the mother in control group are comparatively more health conscious than the mothers of experimental group. These observations corroborate with the findings of infant and child mortality percent in the present study. It reveals from the results of bivariate and multivariate analysis that almost all the factors maintain statistically significant correlation with infant as well as child mortality. The results of zero order correlation show that there is positive correlation
in case of half of the variables and negative correlation in case of the rest. The life affecting variables account for 25 percent of the variance in case of infant mortality and 23 percent of the variance in case of child mortality. The results of Path analysis show that the total effect of mother's education, mothers age at marriage, and economic status of family on infant mortality is positive (0.6279) but it is negative (-.3311) in case of child mortality.

Type and number of determinants of infant and child mortality are show innumerable and diverse in nature that it is indeed dedicate for a single researcher to do justice in this field. There prevails confusion regarding the nature and number of determinants of infant and child mortality. In the present study a wide spectrum of determinants on infant and child mortality are covered. These are environmental variables, ecological variables, cultural variables, family variables, marital variables parental variables, conception and pregnancy variables peri-natal variables, norms on childcare and socialization and intervention variables and personal hygiene.

The meaning of the word "Life" here refers 'to the life of infant and children'. Rate of infant and child mortality are considered to be sensitive indicator of health status of the population, these rate are also considered to indicate the level of human development in the context of education, economic condition, nutrition, etc. The present study is based on the data collected form the Kol of Satna district Madhya Pradesh. There are three divisions in the study such as demographic profile reproductive performance & mortality and life affecting variables in relation to infant and child mortality. Among the Kol there is no study so far on basic demographic measures. Age
structure of this tribe reflects pattern of typical Indian growing population, which is characterized with preponderance of males over females. The level of socio-economic development among them is found to be relatively low characterizing with high level of illiteracy and poor occupational status. Which have resulted in high level of infant mortality among them. Rate of infant mortality among the Kol (139 per 1000 live births) is higher than Madhya Pradesh state level data (104 per 1000 live births).

Mean live birth among the study population is found to be 4.24. Major cause of infant death among them is fever (26.64 percent). Most of the child among them also occurred due to fever (23.49 percent). The index of selection intensity is maintaining a higher level among the study population. Analysis of the relationship between life affecting variables and infant and child mortality is statistically significant in all most, all cases environmental sanitation aspect like open air defecation adjoining the house, defecation on river/open well water for drinking purposes have bearing on higher infant and child mortality. Side by side, housing condition which is largely a function of economic status is found to be less important in explaining the infant and child mortality.

Mother's education is found to be good predictor of better infant and child survival. Babies born to mother's aged of early ages had higher infant and child mortality experienced. These mortalities were higher among the babies whose birth was attended by untrained personal; those who were higher order birth and those who had high sibship size.
With respect to availability of health and medical facilities within easy reach of the Kol people have better prospect of infant and child survival. Mother's who have availed Mother Child Health services either from health institution show improvement in infant and child survival.

On the whole, the analysis shows that environmental sanitation, culture practices, and availability and utilization of mother child health services have strong influence on infant and child mortality among the Kol. The analysis indicates that better environmental sanitation of Kol villages, effective implementation of mother child health programme is bound to reduce infant and child mortality among the Kol. The analysis indicates that mereimprovements mother child health services are not enough to bring down the infant and child mortality is the study population. But appropriate delivery of mother child health services within the easy reach of the Kol people will certainly reduce high infant and child mortality.